



## Form for Requesting Testing Accommodation(s)

Last Name:

First Name:

MI:

Current mailing address:

Daytime telephone:

Exam Title:

Month/Year:

Exam City:

Signature:

Date:

I have received test accommodation(s) for a previous DSA administered examination or class, and I am requesting the previously provided accommodation(s) for the examination noted below.

DSA examination or class for which accommodation(s) were provided:

### Previously provided accommodation(s):

If an applicant has been provided with an accommodation by DSA within the last year, they need not provide new doctor verification note, nor complete the Questionnaire for Candidates Requesting Test Accommodations form (DSA-603).

*Submitting this form constitutes your official notification to DSA-Voluntary Certified Access Specialist Program of a request for test accommodation(s). Arrangements will be made once the prior accommodations(s) have been confirmed and your request is processed.*

I have not previously received special accommodations from DSA for an exam or class, or I require different accommodation(s) from those previously provided because of a change in the nature and extent of my disability.

If you are requesting new accommodations, or different accommodation(s), briefly describe the nature or extent of your disability and attach documentation from a qualified medical professional supporting your need for the accommodations, and complete the form titled [Questionnaire for Candidates Requesting Test Accommodations \(DSA-603\)](#)

Please mail this form along with the supporting documentation to:

Division of the State Architect, 1102 Q Street, Suite 5100, Sacramento, CA 95811.

Attn: CASp Program